

PART B - FEE(S) TRANSMITTAL

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3528 7590 09/12/2006

STOEL RIVES LLP
 900 SW FIFTH AVENUE
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 PORTLAND, OR 97204-1268

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George Painter	(Depositor's name)
<i>George Painter</i>	(Signature)
September 28, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,835	02/20/2004	Richard G. Pace	70205/12:1	7506

TITLE OF INVENTION: REORGANIZATION AND REPAIR OF AN ICF CATALOG WHILE OPEN AND IN-USE IN A DIGITAL DATA STORAGE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
AHN, SANGWOO	2166	707-204000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mainstar Software Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bellevue, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed.
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- ☒ The Director is hereby authorized to charge ~~the account of the~~ any deficiency, or credit any overpayment, to Deposit Account Number 19-4455 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Micah D. Stolowitz

Date September 28, 2006

Typed or printed name

Micah D. Stolowitz

Registration No. 32,758

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